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Mark D. Birdwhistell
Secretary

M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: June 15, 2007

RE: First Steps Update

Despite my sincere hope to have some decisions made by today regarding Evaluation and Assessment in First Steps, we have been unable to do so. In reviewing the questions and comments from Monday's Biannual Primary Level Evaluator (PLE) Meeting, I was particularly troubled by one note. It read, "There is a perception in the field that Central Office has a hidden agenda for redesigning the FS system. While stakeholder input has been offered, it appears to be ignored. Could Central Office be more open and straight forward about planned changes?"

In an attempt to expand the lines of communication between Central Office and First Steps providers and stakeholders, I am going to begin providing weekly updates on Central Office activities. I will do this in the form of Memorandums distributed by e-mail and posted to the First Steps website. Until I can come up with a catchier byline, they'll be titled "First Steps Updates".

With this being the first update, I'm going to select a couple of topics that I think may be of interest. If there are other things you would like information about in future updates, please drop me an e-mail and let me know. You can reach me at Kirsten.hammock@ky.gov .

Screening, Evaluation and Assessment

- At this time Central Office is leaning toward maintaining the current eligibility criteria rather than moving to an age equivalent or percent delay.
- In order to meet OSEP's mandate to measure child progress, Central Office is planning to capture data regarding child progress at entry and at least annually thereafter. In addition, there may be a requirement to capture "exit" data at a time closer to the child's third birthday. A determination as to who will conduct the assessment to capture progress data and the mechanism for transmitting that data to the statewide data system (KEDS) has not been made.
- There are no plans to eliminate Primary Level Evaluators from the First Steps System.
- Questions from Monday's Biannual PLE Meeting have been collected and reviewed and responses should be available in time for next week's update.

Part C Regulations

The Secretary of Education has proposed changes to the regulations for the Early Intervention Program for Infants and Toddlers with Disabilities (Part C). The proposed regulations will implement changes made to the Individuals with Disabilities Education Act by the Individuals with Disabilities Education Improvement Act of 2004 (IDEA).

The official proposed regulations for IDEA Part C were published in the Federal Register on Wednesday May 9, 2007 and can be viewed at the following link:
http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/07-2140.pdf

Once proposed regulations are published in the Federal Register, there is a **75-day public comment period**, which will **close on July 23, 2007**. If you would like to make written comment to, you are encouraged to use the Federal eRulemaking Portal at www.regulations.gov .

I realize this is short, but hope you find it helpful. Again, if you have suggestions for future updates, please let me know at Kirsten.hammock@ky.gov .

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Mark D. Birdwhistell
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M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: June 25, 2007

RE: First Steps Update

I am sorry that we were unable to get you a First Steps Update last Friday. I will try and catch up this week with an update today and another on Friday.

Part C Determination

As required by sections 616(b)(1)(A) and 642 of the Individuals with Disabilities Education Act (IDEA), each State must have in place a State Performance Plan (SPP) that evaluates the State's efforts to implement the requirements and purposes of Parts B and C of the IDEA, and describes how the State will improve its implementation. Section 616(b)(2) requires that the State report annually to the Secretary (of the U.S. Department of Education) on its performance under the State Performance Plans for Parts B and C of the IDEA. Specifically, the State must report, in its Annual Performance Report (APR), on its progress in meeting the measurable and rigorous targets it established in its SPP.

Section 616(d) requires that the Department review the APR each year. Based on the information provided in the State's APR, information obtained through monitoring visits, and any other public information, the Department will determine if the State: Meets Requirements; Needs Assistance; Needs Intervention; or Needs Substantial Intervention.

The U.S. Department of Education, Office of Special Education Programs (OSEP) has determined that Kentucky **needs intervention** in meeting the requirements of Part C of the IDEA. This determination was primarily influenced by Kentucky's inability to demonstrate compliance with Indicator 8A, which requires states to report the percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including : A. IFSPs with transition steps and services. Additional factors in OSEP's determination are Kentucky's FFY 2005 data reflecting that only 61% of initial evaluations (and IFSPs) were completed within the 45 day timeline and only 75% of noncompliance was corrected within one year of identification.

The next Annual Performance Report to OSEP is due February 1, 2008. That report will cover Federal Fiscal Year (FFY) 2006 (July 1, 2006 through June 30, 2007). In order to demonstrate compliance with Indicator 8A, it will be necessary to review the IFSPs of children who exited the program between July 1, 2006 and June 30, 2007. We will be enlisting our Program Evaluators to assist with this effort in the coming months. Points of Entry (POEs) and Primary Service Coordinators (PSCs) should be prepared to assist the Program Evaluators in accessing selected records upon request.

In addition to the concerns listed above, OSEP has expressed concern with Kentucky's inability to demonstrate adequate general supervision and oversight of the Part C Early Intervention program. This is evidenced by a failure to demonstrate compliance with key performance indicators related to timely service planning, timely service provision and transition. Kentucky's Annual Performance Report (APR) listed a series of Improvement Activities that the state is undertaking to address compliance concerns. If you have not had an opportunity to review Kentucky's APR, you can do so via the First Steps website (http://chfs.ky.gov/dph/firststeps.htm).

Screening, Evaluation and Assessment

Central Office continues to work on the Q & A from the June 11th training. It is my hope that we will be able to distribute that with the First Steps Update this Friday.

The March 26, 2007 memo from Ruth Ann Shepherd, M.D., requests that on an ongoing basis, providers copy and send to the POE assessment instrument protocols completed on all eligible children. Work of the Evaluation and Assessment Workgroup and a review of the assessment protocols submitted to date have allowed us to limit our request for data. **Beginning immediately, providers should submit to the POE protocols for the following assessment instruments only: the Assessment, Evaluation and Programming System (AEPS), the Carolina Curriculum for Infants and Toddlers with Special Needs, the Early Learning Accomplishment Profile (E-LAP), or the Hawaii Early Learning Profile (HELP).**

A proposed policy addendum will be issued shortly that will outline how the state intends to obtain status and progress data for each child in First Steps.

Part C Regulations

In case you haven't had a moment in your schedule to review the proposed Part C regulations, I thought I would give you a couple of items that may be of particular interest to you. The U.S. Department of Education is proposing:

- a new starting point for the 45 day timeline (from the point of "referral" to the point at which the parent gives consent);
- a deletion of the 2 working day requirement for primary referral sources to refer to the Part C Early Intervention Services System;
- a deletion of "nursing services" and "nutrition services" from types of services;
- a change to the definition of multidisciplinary to include "one individual who is qualified in more than one discipline or profession";
- a change to the definition of "evaluation" and "assessment";

- a requirement that states ensure that informed clinical opinion may be used by qualified personnel to establish a child's eligibility even when other instruments do not establish eligibility;
- a requirement that states obtain parental consent prior to using their public insurance (i.e. Medicaid).

These are just some of the changes being proposed. If you would like to review a detailed side-by-side comparison of the current regulations and the proposed regulations, you can visit the NECTAC website (www.nectac.org). A link to the "DEC-ITCA-CEC Side-By-Side" comparison document is on the right side under Announcements.

NPI

As you are likely aware, the Centers for Medicare and Medicaid Services (CMS) has developed the National Provider Identifier (NPI) which will be the standard unique identifier for each health care provider. The NPI is based on information collected by CMS and will be unique to you and follow you through your career as a health care professional.

First Steps Central Office notified providers of the necessity of obtaining a NPI some time ago. The First Steps website contains a memo with information regarding the NPI and links to assist you in obtaining one. The deadline for implementing use of the NPI was May 23, 2007.

I wanted to pass along some information that I received from Illinois. The Illinois Developmental Therapy Association was able to get the National Uniform Code Committee to issue a national DT taxonomy code. It falls under the category of "Respiratory, Developmental, Rehabilitative and Restorative Services", Developmental Therapist. The DT taxonomy code is 222Q00000X. To review the definition, you can visit the following web link: http://codelists.wpc-edi.com/mambo_taxonomy_2.asp. Once there, select "Individual or Group (of Individuals). That will give you a drop down table. Next to the category "Respiratory, Developmental, Rehabilitative and Restorative Service Providers" is the word [more] in brackets. Click on [more] for the definition.

I also wanted to share some information that we received from the Department for Medicaid Services: CMS is encouraging providers to check out the accuracy of information they submitted when obtaining their NPI. Certain information will be placed on the CMS website for agencies to download as verification of NPI's, so now is the time to change any errors. CMS will be placing information like name, city, specialty, etc., on the web, but no identifying information other than what one might see from any licensure board. However, if someone put their SSN in the wrong field that could go on the web because CMS is pulling from certain fields and will not be spot checking. Providers will need to use a NPI for insurance purposes so they need to make sure all their information is correct.

The site we were provided is:

www.cms.hhs.gov/NationalProvIdentStand/

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M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: June 29, 2007

RE: First Steps Update

With the end of the fiscal year upon us, it's crunch time! We're still working on the Q & A from the Biannual PLE Meeting on June 11th (I promise, it's coming) and we're working on a policy update that should be ready next week regarding Evaluation and Assessment. Just a couple of updates for today.

Local Report Cards Are Out

As you know if you read the June 25th update, State report cards were issued last week. The The U.S. Department of Education, Office of Special Education Programs (OSEP) determined that Kentucky **needs intervention** in meeting the requirements of Part C of the IDEA.

States are required to enforce the Individuals with Disabilities Education Improvement Act (IDEA) by making "determinations annually under IDEA section 616(e) on the performance of each Local Education Agency (LEA) under Part B and each Early Intervention Services (EIS) program under Part C." States must use the same four categories in IDEA section 616(d) as the Office of Special Education Programs (OSEP) in making determinations of the status of LEA/EIS programs. These categories are:

a. Meets Requirements;
b. Needs Assistance;
c. Needs Intervention; and
d. Needs Substantial Intervention

In making our determinations of the status of local Districts, Central Office looked at compliance Indicators 1, 7 and 8 and performance Indicators 2, 5 and 6. Indicators 1, 2, 5, 6, 7 and 8 deal with the following areas of performance: 1: Timely Services, 2: Services in Natural Environments, 5: Under 1 Participation Rate, 6: Birth to Three Participation Rate, 7: IFSPs Within 45 Days, and 8: Transition. For more specific information about these Indicators, you can review Kentucky's State Performance Plan (SPP) and or Kentucky's FFY 2005 Annual Performance Report (APR), both of which are posted on the First Steps website (http://chfs.ky.gov/dph/firststeps.htm). Central Office also reviewed progress data related to

Indicator 7 specifically, as well as data regarding the timely and accurate completion of required forms.

Generally, a District would be considered to "meet requirements" if it demonstrated substantial compliance (generally 95% or better) with Indicator 7 and either Indicator 1 or 8 and no other significant compliance issues were identified. Generally a District would be considered to "need intervention" if it failed to demonstrate substantial compliance with Indicator 7 and Indicator 1 or 8 and it failed to demonstrate progress significant enough to bring it to a level near substantial compliance (generally 85% or better) with Indicator 7. Districts that did not meet requirements and were not in need of intervention were in need of assistance, barring any other significant compliance issues.

Local Districts are being notified this afternoon by e-mail of their Determination and will receive the written letter early next week. Determination notification is being made to the Grant Administrator and Supervisor of the local Point of Entry (POE). Local District determinations will not be made public. However, as a stakeholder in your local community, I am confident that you will be made aware of your District Determination by the POE as it will be important for you to be involved in the improvement planning process.

NPI

Effective July 1, 2007: 1) new agency enrollment applications will not be accepted without an agency/organization NPI listed and an individual NPI listed for all agency employees that are being enrolled, and 2) individual provider enrollment applications will not be accepted without an individual NPI listed for the applying individual. Additionally, Central Office will not be accepting additions to agency enrollment applications without an individual NPI listed for the employee being added. If the agency or one or more individual providers on the application has been denied an NPI by the NPPES, write DENIED in the NPI box and attach the letter of denial from the NPPES to the enrollment application. For instructions for obtaining an NPI and/or an application, visit: https://nppes.cms.hhs.gov/NPPES/Welcome.do . Form 6 and the Form 6 instructions on the First Steps website have been updated accordingly.

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M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: July 06, 2007

RE: First Steps Update

We're staying quite busy during these dog days of summer.

New Staff
First Steps Central Office has a new Financial Administrator. Her name is Betsy Kennedy and she comes to us with a wealth of IT and Finance knowledge. We're really happy she's on board.

Evaluation and Assessment
The Q & A from the Biannual PLE Meeting is complete and awaiting final review from Department administration as is a *Proposed* Policy Addendum regarding Assessment.

Transition
Our vision for early childhood transition is that *young children in Kentucky, prenatal to six years old, and their families, experience successful and supported movement among environments*. The Kentucky Department of Education and collaborative partners including the First Steps program released the *Kentucky Early Childhood Transition Report 2005* listing recommendations for high quality transition at the state, regional and community level. As a result of this report, the Kentucky Early Childhood Interagency Transition Team (KECITT) was formed to implement recommendations within the report as the "state transition plan". Our first task was to develop a state interagency transition agreement which would provide guidance with agency roles and responsibilities at the regional and local level. The state transition agreement draft and the report are available for your review at www.transitiononestop.org.

Ten pilot sites were selected to develop Interagency Transition Plans (ITP) and Interagency Transition Agreements (ITA) to assure success as children move or change from one environment to another. Those sites were: Boone, Casey, Clay, Daviess, Fayette, Hazard/Perry, Jefferson, Johnson, Montgomery and Murray/Calloway counties. These communities led the way in an unprecedented effort to develop policies and procedures and/or supportive activities for all children, prenatal to age 6, into and out of programs within their community.

This year, the Kentucky Early Childhood Transition Project (KECTP), housed at the Human Development Institute, University of Kentucky, began the expansion of the process into Area Development Districts (ADDs) with Phase 1. Regional teams were formed in Kentucky River, Lake Cumberland, Pennyrile/Purchase, Gateway, Big Sandy, and Green River. If you have not had the opportunity to assist with this process, it is not too late. Contact Brenda Mullins with KECTP at 859.351.2224 or Brenda.mullins@uky.edu for further information. To review documents for your region or to provide input to the project, visit www.transitiononestop.org.

Phase 2 (2008-09) regions will include Barren River, Cumberland Valley, Rural KIPDA and Northern KY. Phase 3 (2009-10) will conclude with Lincoln Trail, FIVCO, Buffalo Trace and the Bluegrass regions. Upon completion of interagency transition agreements/transition plans at the regional level, the Office of Early Childhood Development (OECD) with the Kentucky Department of Education will provide local facilitation for teams to review state/regional guidance and make community decisions.

You may recall that assuring a smooth and timely transition from Part C to Part B or other services is a compliance Indicator for both the Part C and Part B programs. Barriers to compliance can and should be addressed through communication and collaboration between local partners in the development of Interagency Transition Plans and Interagency Transition Agreements.

First Steps Training Opportunities

First Steps and the University of Louisville Weisskopf Center are sponsoring a training on Autism titled *AUTISM: What First Steps Providers Need to Know* on August 15, 2007 from 1:00 pm to 4:00 pm at the Kentucky Department of Transportation Building in Frankfort. This course should be available on TRAIN (www.train.org) next week under course ID 1009217. The registration deadline will be August 12, 2007.

There is a newly scheduled Consultative Model training in Louisville on August 31, 2007. You can register for this training via TRAIN (www.train.org) under course #1009276.

The 2007 Infant Toddler Institute will be held August 22 – 24 at the Hyatt Regency Lexington & Lexington Center. For information and to register, visit http://www.ihdi.uky.edu/infanttoddler/ .

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M E M O R A N D U M

TO: First Steps Points of Entry, Providers, ICC Members and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: July 12, 2007

RE: Proposed First Steps Policy Addendums

Below please find 2 Proposed First Steps Policy Addendums. The first Addendum serves to eliminate the DOCS from current procedure. The second Addendum specifies which criterion referenced assessment instruments must be used by Primary Level Evaluators when conducting five (5) area assessments on children with established risk conditions and includes other related policy modifications. These proposed policy addendums are being posted for public notice through the effective date of August 1, 2007, at which time final policy addendums will be issued.

Proposed Addendum to First Steps Policy & Procedure Manual
Relates to: Policy XII and
II Point of Entry – 911 KAR 2:110 Section 1 (6)(c)4
Effective: August 1, 2007

Language that has been deleted from current policy and/or procedure is designated by a ~~strikethrough~~ and language that has been added to current procedure is designated by an underline.

Policy XII: *Initial Service Coordinators shall institute a screening process to determine the need for initial Primary Level Evaluation ~~for children referred without an Established Risk condition and born after 37 weeks gestation~~.*

Procedure:

1. Upon receiving a referral on a child the Initial Service Coordinator or other designated POE staff shall ~~ask the referral source the following questions, if it is not the parent~~ verify the following information:
   a. ~~Is the child birth to the age of three?~~ The child is between the ages of birth and three; and
   b. ~~Does t~~The child resides in Kentucky and within the assigned POE District~~?~~; and
   c. ~~Is t~~There is a concern that the child has a developmental delay~~?~~.
2. If ~~the answer is YES to all three questions~~ 1a, 1b and 1c are true, proceed to ~~acquire the parent's phone information to call to complete the Developmental Observation Checklist (DOCS)~~ intake as described in 911 KAR 2:110 Section 1 (6)(c). Until further notice, procedure 1a through 1c shall constitute the Department for Public Health approved screening test referenced in 911 KAR 2:110 Section 1 (6)(c)(4).
3. If ~~the answer is NO to any of the above questions~~ 1a, 1b or 1c are false, refer the referral source to the appropriate agency for services regarding that child and family.
4. ~~If the referral source is the parent, ask the above questions under step 1. If all three questions are answered affirmatively, then administer the Developmental Observation Checklist (DOCS).~~
5. ~~Once the DOCS has been administered and scored:~~
   a. ~~Refer the child on for Primary Level Evaluation if there is a standard score of less than 95 any of the areas identified on the DOCS.~~
   b. ~~If there is no standard score less than 95, refer the child and family to other resources and inform the family that if their concerns persist after three months they can call back.~~

~~6~~4. Children with Established Risk conditions who meet the criteria in step 1 above will be referred to a Primary Level Evaluator for a Five (5) Area Assessment using the most recent version of the Assessment, Evaluation and Programming System (AEPS), the Carolina Curriculum for Infants and Toddlers with Special Needs, or the Hawaii Early Learning Profile (HELP) to guide program planning.

~~7. For children born before 37 weeks of gestation who meet the criteria I step 1 above they will not be screened, but will go straight to the Primary Level Evaluation if the family agrees.~~

Proposed Addendum to First Steps Policy & Procedure Manual
Relates to: IV – Assessment – 911 KAR 2:130
Effective: August 1, 2007

Language that has been deleted from current procedure is designated by a ~~strikethrough~~ and language that has been added to current procedure is designated by an underline.

(4) Every child determined eligible by established risk shall have an assessment in all five (5) areas of development done by a primary level evaluator in lieu of a primary level evaluation using the most recent version of the Assessment, Evaluation and Programming System (AEPS), the Carolina Curriculum for Infants and Toddlers with Special Needs, or the Hawaii Early Learning Profile (HELP):

(6) The assessment report shall include:

(a) A description of the assessment activities and the information obtained;

(b) Identifying information:

1. The Central Billing and Information System identification number; and

2. The child's ~~Social Security number~~ Date of Birth; and

3. The name of the child; and

4. The child's age at the date of the assessment; and

5. The name of the service provider and discipline; and

6. The date of the assessment; and

7. The setting of the assessment; and

8. The state of the health of the child during the assessment; and

9. Whether the child's response level was typical; and

10. The instruments and assessment methods used; and

11. Who was present for the assessment; and

12. The signature of the assessment;

(c) A profile of the child's level of performance, in a narrative form and shall indicate:

1. Concerns and priorities; and

2. Child's unique strengths and needs; and

3. Skills achieved since last report, if applicable; and

4. Emerging skills; and

5. Direction of future service delivery;

(d) Suggestions for any strategies, materials, or equipment or adaptations that shall support the child's development; and

(e) Information that shall be helpful to the family and other providers in building on the team's focus for the child and family.

(7) The initial assessment(s) report(s) shall be shared verbally with the family and the written report sent to the family and the service coordinator within ten (10) working days of the completion of the assessment or prior to the IFSP meeting, whichever is earlier.

(8) A copy of the assessment protocol shall be submitted to the local Point of Entry (POE) office for data entry purposes within ten (10) working days if an online version of the assessment is not used or direct entry into the Kentucky Early Childhood Data System (KEDS) is not available. If an online version of the assessment is used, the provider must list *Christopher Anderson* as an administrator for the online account. Christopher Anderson's e-mail is: andersoncf@uky.edu . Mr. Anderson will export data directly from the online account.

(a) Each assessment protocol submitted to the POE must contain: 1) the child's CBIS number, 2) the provider number, and 3) the provider's National Provider Identifier (NPI), if applicable.

~~(8)~~(9) Every child enrolled in First Steps shall receive assessment as an integral part of service delivery throughout the period of the child's enrollment in the program within the limitations identified in 911 KAR 2:200, Section 4.

~~(9)~~(10) Prior to the annual and six (6) month review of the IFSP a written summary shall be provided to the primary service coordinator and family.

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M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: July 13, 2007

RE: First Steps Update

Evaluation and Assessment
The Q & A from the June 11th PLE Biannual Meeting is complete and is attached with this update. We will also post the Q & A on the First Steps website early next week.

Proposed Policy Addendums
Two *proposed* policy addendums were made public yesterday and are scheduled to take effect August 1, 2007. The first Addendum serves to eliminate the DOCS from current procedure. The second Addendum specifies which criterion referenced assessment instruments must be used by Primary Level Evaluators when conducting five (5) area assessments on children with established risk conditions and includes other related policy modifications. These proposed policy addendums are being posted for public notice through the effective date of August 1, 2007, at which time final policy addendums will be issued.

In anticipation of some questions – and in response to some questions that I have already received, here are some points of clarification:

- Norm referenced standardized instruments for use in determining program eligibility are not being eliminated. Although we have not completed or disseminated a *proposed* policy addendum related to children without established risk conditions, norm referenced standardized assessments completed by Primary Level Evaluators (PLEs) will continue to be required in order to verify program eligibility.
- Due to concerns expressed by individuals trained on the E-LAP, Central Office has eliminated it from the list of approved instruments; narrowing that list to three. I am aware and regretful of the fact that 13 providers participated in training on the E-LAP on June 11th. Training on the three remaining approved instruments (the AEPS, the Carolina Curriculum and the HELP) will be available toward the end of July and through August.

Additional *proposed* policy addendums should be forthcoming next week that will address children without established risk conditions.

M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: August 10, 2007

RE: First Steps Update

Change to Proposed Policy Addendum Effective Dates

In an effort to assure that Initial Service Coordinators (ISCs) are adequately prepared to begin administering cabinet-approved criterion referenced assessment instruments, **Central Office is changing the implementation date of the four (4) proposed policy addendums and one (1) Resource (Res-15) from September 1, 2007 to October 1, 2007**. In addition, Central Office is surveying Point of Entry staff to assess the most effective means of providing ongoing training, technical assistance and support. Updated proposed policy addendums with the new proposed effective dates will be posted to the First Steps website for review/comment early next week.

Initial Statewide Assessment Training Schedule

This week marked the first two statewide trainings on cabinet-approved assessment instruments. Both trainings were Hawaii Early Learning Profile (HELP) trainings. The first was held in Lexington on Monday and the second was held in Glasgow on Wednesday. Training evaluations indicated satisfaction with the trainers and the training. First Steps providers reported general comfort in administering the assessment instrument. However, Initial Service Coordinators reported less comfort and requested additional training, technical assistance and support. As indicated above, Central Office is acting on that request through a change in the proposed policy addendum implementation dates and an assessment of individual POE training, technical assistance and support needs.

The remaining statewide trainings that have been scheduled to date are listed below. It is important to remember that this is an initial round of training and that Central Office intends to provide statewide training on both the Carolina Curriculum as well as the AEPS in the coming months.

Hawaii Early Learning Profile (HELP)
August 16, 2007
TRAIN Course ID 1009587
Eastern Kentucky University
Presented by Teri Mehler & Carol Schroeder

Hawaii Early Learning Profile (HELP)
August 17, 2007
TRAIN Course ID 1009604
Green River District Health Department, Owensboro – Bedford Walker Room 8
Presented by Teri Mehler & Carol Schroeder

Carolina Curriculum
August 17, 2007
TRAIN Course ID 1009588
MSU – Extended Campus, Multi-Purpose Room, Hopkinsville
Presented by Caroline Gooden & Jackie Sampers

Hawaii Early Learning Profile (HELP)
August 27, 2007
TRAIN Course ID 1009605
General Butler State Park Conference Center, Carrolton
Presented by Lindsay O'Hara

Hawaii Early Learning Profile (HELP)
August 27, 2007
TRAIN Course ID 1009606
Morehead State University, West Liberty Campus, Commonwealth Room
Presented by Jackie Sampers & Charlotte Vice

Registration is available at http://KY.TRAIN.ORG
Training details are available on TRAIN as well as a link to driving directions.

Proposed Policy Addendum Questions and Answers
The KIPDA DEIC submitted an extensive list of questions to Central Office for review/response in preparation for their meeting this week. Central Office prepared responses to each of those questions and ones that pertain to the proposed policy addendums are listed below:

1. How can a provider bill insurance when they have not completed an assessment, but used the ISC's criterion referenced assessment in place of their own? Will the providers be relieved of their contractual obligation of billing insurance if it is known that insurance won't pay for services in this delivery model?

   Individual discipline assessments in every domain are often not necessary to determine eligibility or service needs. First steps has always encouraged discipline-specific assessments be done as part of therapeutic visits. Providers are not relieved of their contractual obligation to bill insurance due to insurance requirements. One way to meet this insurance requirement and gather domain specific information for treatment planning purposes may be to complete a domain specific assessment during the first therapeutic intervention visit or over the course of a couple of initial therapeutic intervention visits.

2. Does regulation supersede a policy, because a regulation carries the force of law? Legally, how can a policy change supersede a regulation that has not been changed?

   Regulation does supersede policy. These proposed policy changes are not superseding regulation. The policies that went into effect on August 1, 2007 do not change regulation. Current regulation requires that a PLE conduct a 5 area assessment for children with established risk in lieu of a primary level evaluation. The policy is simply specifying the instrument that must be used. Additionally, current regulation requires the use of a screening device. The policy, while discontinuing the use of the DOCS, maintains a series of screening questions.

   The proposed policies scheduled to go into effect on (now) October 1, 2007 will require a regulation change. Specifically, regulation requires a delay ranking scale. The DSS policy was implemented in 2005 to address this regulation. That policy is now being rescinded as other means of obtaining developmental status/progress information have been developed. The regulation will need to reflect this. It is our intent to resolve this in regulation by October 1, 2007. If a regulation change cannot be secured by October 1, 2007, any provider who feels obligated to continue doing the DSS until such time as the regulation can be corrected, may do so; however, it will not be required by Central Office.

Another required regulation change relates to the current regulation limiting initial assessment to the areas of development that were determined to be below the normal range. This regulation is in conflict with federal regulation, which requires that the assessment of the child's needs look at each developmental area. The proposed policy addendum related to assessment attempts to address this conflict and better assure not only federal compliance, but comprehensive program planning.

3. Don't these policy changes have to become regulation before they can go into effect?

Program staff is working (hard) to ensure that the portions of the policies that are directly driven by regulation (i.e. the DSS) are dealt with in regulation prior to their implementation date. The portions of the policies that are not directly driven by regulation (i.e. requiring the PLE to complete a criterion referenced assessment on children with established risk and assigning the SC the task of completing the CR assessment with the PLE for children without established risk) can be spelled out in policy – as there is nothing in regulation precluding their implementation. Further, current regulation regarding assessment is in conflict with federal regulation, which requires assessment in all five areas of development. Federal regulation supersedes state regulation and therefore, that must be addressed with other regulation changes expeditiously.

4. In regard to established risk children, in what cases would further in depth assessment in those areas of concern be appropriate? (See KAR 2:130, section 1 (3) best practice)

If the information obtained via the criterion referenced assessment does not provide sufficient information to proceed with program planning, additional assessment may be appropriate in areas where there are significant delays.

5. Respectfully, can you provide some insight on how this administration thinks it is best practice to have service coordinators perform the five area assessment rather than service providers? The service provider is more qualified and has a better background in early childhood development in which to appropriately assess a child with developmental needs (especially the more involved child who may have a significant diagnosis or diagnoses).

The criterion referenced assessments selected by the Cabinet are designed for use by paraprofessionals and professionals working with young children and families. A majority of the service coordination staff in the field are early childhood, social work and/or nursing professionals. Additionally, initial service coordinators are the only First Steps providers who are required to have 2 years experience working with children birth to five if they do not already meet the minimum highest entry-level requirement of another profession. Service coordinators are responsible for coordinating the IFSP. In that role, it is imperative that they understand something about the child's developmental status in order to participate in the process and assure that the family can meaningfully participate in the process.

6. Is it the expectation that based on the PLE and 5 area assessment, the family will go straight to IFSP without domain specific assessment? If yes, we are asking providers to come to a meeting on a child they have never seen and a family they have never met and give strategies that they will be teaching the family for 6 months.

This may very well be the case. A comprehensive PLE – which is required by current federal and state regulation to address each of the five developmental domains – includes a review of the information gathered through the RBI/Family Assessment

process, the criterion referenced assessment process, the review of pertinent medical records/information, as well as the norm-referenced test results. This should be sufficient to proceed to initial service planning in most/many instances. In the consultative model, the IFSP is based on the family's goals and needs, not the deficits identified by the providers. Potential service providers can review the PLE report and be paid to participate in the IFSP in order to assist with initial service planning.

There are reported concerns that this will produce a "watered down" IFSP. However, we need to consider that the IFSP is not intended to be a therapeutic treatment plan. Furthermore, the initial IFSP is just that – initial. It will never be as good as the 6 month or annual IFSP regardless of how much testing is done simply because we do not yet know the child.

7. How will a family be able to pick a Primary Service Provider, if the IFSP is the first time they are meeting the providers?

Families report that they do not have information to make informed choices about providers now, and often choose randomly. The proposed policy addendum detailed selection criteria for the primary service provider, most of which reflect the family's preferences. The primary service provider can change as the child's needs and/or the family's priorities change.

8. OTs, PTs, and SLPs have licensure laws which mandate that they perform assessments prior to treating a child, and that includes making strategy recommendations. Which do they follow, their regulation or First Steps policy?

See question #1. Therapists who, by virtue of their licensure, must complete some form of assessment prior to treatment planning, may choose to conduct that assessment during their initial therapeutic intervention visit.

9. Is the PLE report and the CR assessment report combined? If so, who is responsible for doing this?

The PLE will be responsible for including information from the criterion referenced assessment in the evaluation report. Currently the evaluation requires that the PLE review available developmental information , which should include any existing assessments and will now include the CR tool. Per the current and proposed policy addendum, the evaluation should use available information to inform the family about the child's developmental status. It is not primarily about reporting test results; they are only one piece of information. The report (completed by the PLE) shall include: "Program plan recommendations that address the family's priorities as well as the child's holistic needs based on the evaluation and the review of pertinent health and developmental information, including the criterion referenced assessment protocol completed with the service coordinator."

10. If the PLE is responsible for the report, what exactly is the PLE required to include of the CR instrument results in the report?

Current program policy already defines the content of the evaluation report, including program plan recommendations that address the child's holistic needs, an interpretation of strengths and needs of the child, developmental status, and a narrative description of all five (5) areas of (the) child's development. The proposed policy addendum simply adds that the program plan recommendations also address the family's priorities and, in addition to being based on the evaluation, be based also on a review of pertinent health

and developmental information, including the criterion referenced assessment protocol completed with the service coordinator.

11. The policy states "results of the assessment should be shared with the family." How will the information from the 5 area assessment be shared with the family specifically? Is verbal sharing enough?

I'm not finding this language in the proposed policy. The language in the proposed policy addendum related to evaluation states, "the results of which shall be interpreted to the family prior to the IFSP meeting by the Primary Level Evaluator." This is not new language, but has been in the policy for some time. The language contained in the assessment policy may shed some light on its interpretation. That language currently states: The initial assessment(s) report(s) shall be shared verbally with the family and the written report sent to the family and the service coordinator within ten (10) working days of the completion of the assessment. The proposed policy addendum language states: The initial assessment(s) report(s) shall be shared verbally with the family and the written report, including the scoring protocol, if applicable, sent to the family and the service coordinator within ten (10) working days of the completion of the assessment or prior to the IFSP meeting, whichever is earlier [August 1, 2007 implementation]. So, under both current and proposed policy, verbal sharing is specified – as is the subsequent sharing of information through the written report.

12. Does the ISC write a formal assessment report?

No. The PLE will include pertinent information from the criterion referenced assessment protocol completed with the service coordinator in the evaluation report, per the proposed policy addendum.

13. Who is responsible for generating/interpreting the criterion referenced results - the primary level evaluator or the service coordinator?

Following training, the service coordinator should be able to administer and score the criterion referenced assessment. The PLE would include pertinent information from the criterion referenced assessment protocol completed with the service coordinator in the evaluation report, per the proposed policy addendum.
See also #10.

14. Will the ongoing team have access to the CR assessment and if so, who is responsible for distributing the CR assessment results to the team, when and how?

The proposed policy addendum re IFSP indicates that the primary service provider will be responsible for administering the annual CR assessment. The members of the team should discuss the child's progress at every IFSP meeting, and plans should not depend on the scoring of the protocol, but the progress in the child's functioning and participating in the family's routines. Certainly the PSP should share the annual scoring, and it is optimal for providers to share their impressions of the child's progress with each other prior to the IFSP.

Publisher guidance indicates that the only time a copy of a protocol would change hands would be for data entry by a POE or designated staff for data entry. For this reason, the "original" protocol would need to be transferred to the PSP, if they plan to continue monitoring progress using the initial assessment instrument. The POE can maintain a copy of the original protocol in the child's hardcopy record. Local POEs should develop communication methods that work for them within guidelines provided by Central Office.

15. After the CR and NR assessment/evaluation have been completed and eligibility has been established, can domain specific assessments still be completed prior to the IFSP?

Per the proposed policy addendum re assessment, "*Best Practice Guideline: ~~It is appropriate for t~~The initial assessment in all five areas ~~to~~ will be a single comprehensive assessment. A further in-depth assessment in those areas of concern may be appropriate in some cases.*"

16. According to the new policy, who attends the IFSP meeting?

Per federal regulation (which cannot be superseded by state regulation or policy), IFSP meeting participants must include, "The parent or parents of the child. (ii) Other family members, as requested by the parent, if feasible to do so; (iii) An advocate or person outside of the family, if the parent requests that the person participate. (iv) The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP. (v) A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322. (vi) As appropriate, persons who will be providing services to the child or family."

17. Along with the family, who is responsible for writing the outcomes on the IFSP? Is the PLE & ISC since they are the only ones to have seen the child?

The IFSP team, including the parent, participate in outcome development. If providers are in attendance based on their professional expertise, but have not seen the child, they may assist in the development of outcomes based on their review of the PLE report, as well as their professional expertise and knowledge of child development, family systems, individual family circumstances, etc.

18. Why is the current policy written in the order where the CR assessment is done before or with the PLE? It is logical that the PLE would be done prior to the assessment so that eligibility is established. If a child is not eligible then as assessment would not be needed.

We reviewed our data prior to this decision, and it indicated that statewide, a low percentage of children referred are found to not be eligible. The purpose of the flow of processes is to maximize the information gathered during an individual visit and minimize the number of times the child has to be "tested" and the parent has to repeat unchanging information like birth history.

19. The policy states that ISC's can use a Routines Based Interview or the family component of the CR assessment. Does this mean that the RBI section does not have to completed on the IFSP document or that we can do the family component of the CR assessment in addition to the RBI?

Neither. Pages D, E and F of the IFSP Document are used to *summarize* the results of the RBI. Pages D, E and F will still be used to summarize family information from the RBI. The questions on D, E and F should never be used for this interview. The family questions on the HELP and AEPS would be excellent questions to ask during the RBI.

Robin McWilliam also has an interview format on his website. Following completion of the RBI, the interview results are summarized on pages D, E and F.

20. Why can't the PLE complete the 5 area assessment on all children? These people have expertise in administering tests and are already in the families' home for an evaluation. I think it would be overwhelming to have family to have two people in their home for such a long period of time, giving so much information that needs to be processed.

That may be an option later, but when suggested the PLE's felt they could not do both norm-referenced and CR tests in one setting. As proposed, the NR and CR assessments are meant to be primarily concurrent processes. The PLE and ISC can coordinate the social history discussion in a manner so as to obtain information for intake and evaluation purposes (reducing the need for the family to share basic social history information twice). Child skills and behavior can be observed by each during this time. The ISC can observe the NR assessment, documenting skills during the process and the ISC, PLE and parent can convene following the NR assessment to review the observation record and fill gaps to the best of their abilities. While the process may be a bit bumpy at first, the process of working together should clean it up.

21. Can you further define 6 (d) 6 "Direction of future service delivery?" Some providers are still recommending "speech therapy 1 x a week" instead of recommending "specific skills which the family may wish to work on in the next 6 months, depending upon the family's priorities and concerns"

The assessment report should provide the IFSP team with suggestions for outcomes that can reasonably be assumed to address the areas of developmental and/or family concern identified through the evaluation and/or assessment process.

22. Can we make the timeline for progress reports consistent with regulation?

Per regulation, "ten (10) calendar days prior to the earlier of the annual or six (6) month review of the IFSP or the expiration date of the IFSP, a service provider shall supply progress reports to the primary service coordinator and family." Yes, this language can be considered for inclusion in policy.

23. For families who are already in the program and it is time for their IFSP-- What if a family chooses their speech therapist to be their Primary Service Provider (based on the fact that the child responds the best to the speech therapist) and the speech therapist can not justify coming into the home weekly? Or the speech therapist does not want to be the Primary Service Provider?

As indicated in the proposed policy addendum re IFSP, there are a number of factors that may influence the selection of the PSP. There is no requirement that the PSP provide weekly services.

24. If there is only one provider, do we still need to document the PSP or is that assumed?

Nothing is assumed. Particularly as we consider our needs for consistent data statewide, it will be necessary to have the data documented somewhere so that it can be accessed for data management purposes … even if there's only one provider. So, yes, the PSP will still need to be identified.

25. What information specifically will be expected from providers for 6 month progress reports?

Per current policy (X – Records), 1. The minimum information to be included in the six (6) month review progress report from each service provider includes:
• Name of child
• Date of birth of child
• Child's ID number or Social Security Number
• Name of Primary Service Coordinator
• Name and title of person completing report
• Name of agency completing report
• Service being provided along with frequency and intensity
• Service site (home, center, group)
• Child's actual attendance over six (6) month period
• Six (6) month summary of progress note
• Recommendations
• Signature of person completing report and date of report

These are minimal components. A more detailed list is reviewed during the web and face-to-face training. That list will be reviewed for inclusion in policy.

26. For children who are currently in the program who have not received a CR assessment previously, but will be turning 3 shortly after their annual IFSP, will it be required to have a CR assessment since there is no previous data to compare it to?

We are required to report data for all children who have participated in the program for more than 6 months. So, if the child has been in First Steps for more than 6 months, a criterion referenced assessment should be completed by one of the child's service providers at the time of the annual IFSP.

27. How is "delay" being determined with CR tests? The new P/P says something about "failure to attain a level of development that is at least the mean of the child's age equivalents peers." I do not know what that means or how to determine that. Is the mean for a 12 month old 12 months and so anything below 12 months is considered a delay?

Ongoing progress monitoring through the use of the criterion referenced assessment instrument in addition to clinical professional judgment should provide the IFSP team with sufficient information to determine whether or not a child is continuing to fall behind his/her same aged peers or whether he/she is functioning at or near his/her same aged peers. The criterion for continued eligibility goes on to (in addition) require consensus of the IFSP team that continued First Steps services are required in order to support continuing developmental progress.

If the child does not have an established risk condition and the IFSP team is unable to reach consensus regarding continuing eligibility, current regulation provides for a reevaluation.

28. Can these instruments be used with corrected age for preemies? The answer from the PLE training Q/A was that we didn't need to because we were comparing the child to himself, but in order to give parents info about where the child is at relative to expected, to determine if a delay is present, to see if the child still needs services, we will need to look at corrected age for preemies.

Criterion referenced assessment instruments are not designed to provide age equivalencies therefore, there is no guidance on corrected age. If there is a need for this

type of information for individual treatment purposes, providers may wish to consider the use of a domain specific instrument as part of their therapeutic intervention. If they are trying to give families information about where their child is functioning, then the criterion referenced tools provide skill based information and if providers understand typical child development (which they should), they should be able to provide this information in general terms and in ways that would satisfy most family members.

29. Will providers be required to purchase all three approved criterion-referenced instruments in the event a further in-depth assessment is needed in some cases and if they are chosen as the primary service provider? Will the purchase of one instrument be sufficient to implement this plan?

The Cabinet did not limit the approved assessment instruments to one because stakeholders told us that there are strengths in different instruments and providers should be allowed to select an instrument that is best suited for a particular child/family. If this is indeed the case, then providers should want multiple instruments on hand. In addition, given that the Cabinet is discouraging changing instruments for purely administrative reasons, providers should be able to continue a particular instrument with a particular provider. In each of the cabinet-sponsored trainings, assessment instruments are being provided – so if a provider attends a cabinet-sponsored training, they will not have to separately purchase the instrument they are trained on.

30. When will new CBIS summary sheets come out since as of September 1 the Developmental Status Scale will no longer be used? This information is required on the IFSP meeting sheet and discharge summary sheet.

We will do our best.

31. Will we continue to use the Progress Status Scale?

It will no longer be required to report progress to CBIS. However, the Family Review section on the Outcome page of the IFSP is valuable and will remain.

32. What will be needed for a 6 month progress report now that the DSS is gone? Will it be required that the provider use a criterion-referenced tool to assess for progress?

Question 27 details the components of a 6 month progress report. The PSP will be monitoring progress on an ongoing basis through the use of the criterion referenced instrument. Other providers should be contributing to the ongoing progress monitoring process through communication with the IFSP team, including the PSP. For this reason, it will be important for all providers to be familiar with the criterion referenced assessment instrument being used for the particular child. Every provider in the First Steps program should be familiar with basic child development, which is what these tests measure.

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Mark D. Birdwhistell
Secretary

M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: August 17, 2007

RE: First Steps Update

Proposed Policy Addendums
Central Office is continuing to receive comments regarding the proposed policy addendums proposed to take effect on October 1, 2007. Central Office is making every effort to review and respond to all comments.

New OSEP State Contact Named
Hugh Reid, Kentucky's former OSEP state contact, has moved on to a different position within the U.S. Department of Education. Gregg Corr from the Office of Special Education Programs contacted Central Office last week to announce the appointment of Matthew Scheer as Kentucky's new state contact. Central Office has an introductory conference call set with Mr. Scheer on Monday and will meet with him in person at the Part C Coordinator's meeting in Baltimore at the end of this month.

SPP/APR Workgroup Meeting
A small group of dedicated individuals have been meeting on a monthly basis to monitor progress toward the improvement strategies identified in Kentucky's State Performance Plan (SPP) and Annual Performance Report (APR), discuss available and needed data, and prepare for submission of the next APR due February 1, 2008. Central Office has arranged for space at the Infant Toddler Institute to accommodate this month's SPP/APR Workgroup meeting. The workgroup meeting will take place on August 22, 2007 from 4:45 – 6:45 at the Hyatt Regency Lexington & Lexington Center.

The SPP/APR preparation and monitoring process is designed to be an open process, accessible to the broad stakeholder group in Kentucky. Individuals who are participating in the Infant Toddler Institute and/or other stakeholders in the area are welcome to join us for the SPP/APR Workgroup meeting.

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M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: September 07, 2007

RE: First Steps Update

I hope that everyone had an enjoyable Labor Day weekend. I apologize for the missing Update last week and will try to cover everything for you here today. First things first …

Proposed Policy Addendums

The four (4) proposed policy addendums posted to the First Steps website for public comment are being pulled today for review and revision based on the public comment(s) received to date. Concerns regarding the proposed policy changes warrant attention and Central Office is taking steps to ensure that policy changes, while necessary, do not unduly burden the program. Resource 15 (RES-15) will remain posted and is scheduled to take effect on October 1, 2007.

When revised, proposed changes will be posted to the First Steps website for public notice and comment. A designated comment period will be set, comments will be reviewed, the proposed policies will be revised if/as necessary and the final policies will be posted to the website for public notice prior to implementation.

Child Outcome Progress Measurement

In March providers were asked to submit copies of assessment protocols completed since July 1, 2006 to their respective POEs in order to capture Child Outcome data for federal reporting purposes. In June the number of assessment protocols being requested was narrowed to 4 – the AEPS, the Carolina Curriculum, the E-LAP and the HELP (see the June 25, 2007 First Steps Update). This is a reminder that if you completed an AEPS, Carolina Curriculum, E-LAP or HELP on a child who was eligible for First Steps between July 1, 2006 and June 30, 2007, please submit a copy of the completed protocol to the following address as quickly as possible:

Caroline Gooden
Human Development Institute
University of Kentucky
126 Mineral Industries Bldg.
Lexington, KY 40506-0051

This matter is somewhat urgent because data entry staff have been enlisted to complete data entry activities for FY07 data by the end of September. This data will be used for the state Annual Performance Report (APR) due February 01, 2008. AEPS, Carolina Curriculum, and/or HELP assessment protocols completed on or after July 1, 2007 should be sent to the child's designated POE.

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M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: September 21, 2007

RE: First Steps Update

First Steps Provider Code of Ethical Conduct

When I came to the program a little over a year ago I was asked to resume work on a code of ethics for First Steps providers. Most providers working in First Steps subscribe to a professional code of ethics already through their associations. Those ethical codes are specific to areas of practice and serve to guide members of the group or association in their work with patients/clients.

The First Steps program sought to create an ethical code to address the unique set of ethical challenges encountered by providers working in the First Steps program. The *First Steps Provider Code of Ethical Conduct* is designed to assist First Steps Providers in evaluating their current practice, assessing and resolving potential ethical dilemmas, and ensuring a commitment to family-centered, inclusive and culturally competent care. The *proposed* Code is attached for your review.

The First Steps program has elected to adopt many of the principles originally developed by The National Association for the Education of Young Children (NAEYC). Although the full NAEYC Code of Ethical Conduct was not adopted, the First Steps program supports the full Code and strongly encourages First Steps providers to review the Code in its entirety on the NAEYC website (www.naeyc.org).

A draft of the *First Steps Provider Code of Ethical Conduct* was completed last Fall. It was reviewed with the Executive Committee of the ICC and comments from them were received and incorporated. Following that presentation, the Code was disseminated to a randomly selected group of 40 providers for review and comment. Comments from those providers were also incorporated into the document.

The *First Steps Provider Code of Ethical Conduct* will be posted to the First Steps website for public notice and comment on Monday, September 24, 2007. **The comment period is September 24, 2007 through October 5, 2007**. Central Office is strongly encouraging commenters to make comment via survey at the following link: http://www.surveymonkey.com/s.aspx?sm=o8V_2b1zvA7JPcNfwrpuyrEg_3d_3d.
Written comments postmarked on or before October 5, 2007 will also be accepted at the following address: Department for Public Health, First Steps, 275 East Main St, HS2W-C, Frankfort, KY 40621-0001.

At the close of the comment period, Central Office staff will review all comments received and revise the Code if/as necessary. I will provide a summary of the comments received and the action, if any, taken by Central Office to the Executive Staff of the ICC at the time of their next Executive Council meeting. The Executive Staff of the ICC will determine whether the matter should be reviewed by the Council as a whole or whether the Executive staff can provide Central Office with sufficient advice/assistance. Following review by the ICC, a final document will be posted for public notice.

The *First Steps Provider Code of Ethical Conduct* has a proposed effective date identified as July 1, 2008. The reason for setting such a distant future date for implementation is that Central Office feels it is important to include alignment of practice with the Code in the First Steps Provider Agreement. Current Provider Agreements are up for renewal July 1, 2008. The final Code will be posted well in advance of this date to assure that providers have time to become familiar with the Code and to ensure that their current practice is reflective of the ethical standards outlined therein.

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M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: September 28, 2007

RE: First Steps Update

New OSEP Contact Named

On August 17th I told you that Hugh Reid, Kentucky's former OSEP state contact, had been replaced by Matthew Schneer. On September 5th, I was notified by OSEP that Matthew Schneer had been replaced by David Steele. David Steele is a former Part C Coordinator from the state of South Carolina and has some strong Kentucky roots. I am confident that he will serve Kentucky well.

District Data

As we approach the end of the first quarter of FY08, I want to remind District stakeholders that CBIS posts profile data for each District on their website (http://cbis.louisville.edu/) by quarter and total fiscal year. In addition, Central Office has posted FY06 618 data (Child Count, Service Setting and Exit Reasons) and performance data (according to the State Performance Plan indicators) on the First Steps website (http://chfs.ky.gov/dph/firststeps.htm). (It's currently being moved to a tab of its own on the left side titled "District Data").

As you are aware, Determinations regarding each District's ability to effectively implement the requirements of Part C of the IDEA were issued at the end of June. The following information was included in the June 29, 2007 First Steps Update:

Generally, a District would be considered to "meet requirements" if it demonstrated substantial compliance (generally 95% or better) with Indicator 7 and either Indicator 1 or 8 and no other significant compliance issues were identified. Generally a District would be considered to "need intervention" if it failed to demonstrate substantial compliance with Indicator 7 and Indicator 1 or 8 and it failed to demonstrate progress significant enough to bring it to a level near substantial compliance (generally 85% or better) with Indicator 7. Districts that did not meet requirements and were not in need of intervention were in need of assistance, barring any other significant compliance issues.

Local Districts are being notified this afternoon by e-mail of their Determination and will receive the written letter early next week. Determination notification is being made to the Grant Administrator and Supervisor of the local Point of Entry (POE). Local District determinations will not be made public. However, as a stakeholder in your local community, I am confident that you will be made aware of your District Determination by the POE as it will be important for you to be involved in the improvement planning process.

District Points of Entry were required to coordinate a response to the local Determination by October 1, 2007. As these District responses arrive, I have been impressed to see the collaborative efforts exhibited by some Districts to address performance issues and move toward compliance. Not all Districts exhibited such collaboration with some not appearing to collaborate at all.

I mention all this because I believe that if we want to make meaningful change, stakeholders must take ownership of the First Steps program at the District level. One important first step in that process is understanding District trends and District performance. A good amount of information is available through the sources I listed above. In addition, Central Office will be taking steps over the remainder of this fiscal year to assure that Districts have the data they need to make improvements to the First Steps program at the District level.

If you're a District stakeholder and you want information about your District Determination or would like to participate in local program planning and development activities through your District Early Intervention Council (DEIC), please contact your District Point of Entry (POE) office and speak with the POE Manager.

IFSP Start and End Dates

CBIS is seeing a number of problems related to IFSP start and end dates. For the sake of PSCs who are entering these dates, CBIS has offered the following example: an IFSP that started on 12/28/06, ran through 06/27/07. That six month plan includes the date of service 06/27/07. So if a provider sees a child on that last day, they are covered as long as they have available units for their therapy. The new six month plan would start on 06/28/07 and, barring a birthday or early discharge, would run through 12/27/07. Again, 12/27/07 is included in this 6 month plan. If you have questions or concerns regarding IFSP start and/or end dates, please contact your regional Program Consultant for assistance.

First Steps Provider Code of Ethical Conduct

Just a reminder that the *First Steps Provider Code of Ethical Conduct* has been posted to the First Steps website for public notice and comment. **The comment period is September 24, 2007 through October 5, 2007**. Central Office is strongly encouraging commenters to make comment via survey at the following link: http://www.surveymonkey.com/s.aspx?sm=o8V_2b1zvA7JPcNfwrpuyrEg_3d_3d.
Written comments postmarked on or before October 5, 2007 will also be accepted at the following address: Department for Public Health, First Steps, 275 East Main St, HS2W-C, Frankfort, KY 40621-0001.

KEDS Training

Three initial trainings have been scheduled to introduce participants to the Kentucky Early Childhood Data System (KEDS) and familiarize participants with the steps involved in entering child assessment data into the system. The trainings are being offered through video-conference in health departments and mental health centers around the state. Registration is available through TRAIN (https://ky.train.org)

As was indicated in the July 27th Update, POE staff will begin entering FY08 assessment protocols into KEDS in mid-October. POE staff who will be responsible for data entry activities should plan to attend one of the following trainings. Providers are also welcome to attend, as a short term goal is to make the KEDS available to PLEs who are already completing the cabinet-approved criterion referenced instruments for children with established risk conditions and a

longer term goal is to make the KEDS available to any provider responsible for the ongoing completion of the cabinet-approved criterion referenced assessment instrument.

KEDS TRAINING SCHEDULE

First Steps KEDS Data Entry Videoconference
October 3, 2007
9:30 – 11:30 am (Eastern Standard Time)
Course ID: 1010250

First Steps KEDS Data Entry Videoconference
October 4, 2007
11:00 – 12:30 pm (Eastern Standard Time)
Course ID: 1010251

First Steps KEDS Data Entry Videoconference
October 15, 2007
10:00 – 11:30 am (Eastern Standard Time)
Course ID: 1010252

ERNIE FLETCHER
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
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Mark D. Birdwhistell
Secretary

M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: October 5, 2007

RE: First Steps Update

Child Outcome/Progress Monitoring

Central Office has reviewed the written comments received in response to the proposed policy addendums posted on July 20, 2007 and pulled on September 7, 2007 as well as input received from multiple stakeholder groups. Central Office explored three suggested options, including having a "most likely" primary service provider complete the 5 area criterion referenced (CR) assessment, having the PLE complete the 5 area CR assessment and having a DI complete the 5 area CR assessment.

While we believe using a "most likely" primary service provider is a good direction to move in, we do not feel we have the capacity to make that move at this time. As an interim step, we believe the Primary Level Evaluators are in the best position to assume this responsibility for the following reasons: PLEs possess extensive training and knowledge related to early childhood evaluation/assessment, PLEs have had the opportunity to access training on each of the cabinet-approved criterion referenced assessment instruments since June 11th and many possessed this knowledge/skill already, PLEs are able to gather a significant amount of information for the CR assessment before, during and immediately following the norm referenced test being administered for eligibility determination, and using the PLE supports our desire to minimize the number of providers moving in and out of the family's life.

We are aware that completing the CR assessment in addition to the norm referenced test will involve additional time in the home as well as additional time interpreting the assessment and including that information in the PLE report. Central Office is prepared to support that work financially, and is currently exploring reasonable options for reimbursement.

Central Office staff are working on a second set of proposed policies which should be posted for public comment in the next 1 – 2 weeks.

AEPS, Carolina Curriculum and HELP Training

Three additional Carolina Curriculum trainings have been scheduled for:

- October 30, 2007 in Bowling Green
- October 30, 2007 in Lexington
- November 1, 2007 in Louisville

Two HELP II Trainings have been scheduled for:

- October 17, 2007 in Elizabethtown
- October 23, 2007 in London

The HELP II Training was developed in response to requests from the first round of HELP training for a second level training geared toward more experienced assessors.

Registration for each of these 5 trainings will be available through TRAIN on Monday, October 8, 2007. Please note that while cities have been identified, specific training sites have not yet been secured. When secured, TRAIN will be updated with the specific training location.

In addition to the 5 trainings listed above, 4 AEPS trainings are currently being scheduled as well. Those dates should be finalized next week and will also be available for registration via TRAIN.

Given that Central Office is moving toward PLEs completing the cabinet-approved criterion referenced assessment for children without established risk conditions, priority is being given to PLEs in this next round of training. Registration will be open to PLEs only from October 8th through October 14th. Registration will be open to all providers from October 15th on. Space and materials are limited, so PLEs are encouraged to register right away.

Assessment Scoring and Data Entry Tips

As you know, copies of Assessment, Evaluation and Planning System (AEPS), Carolina Curriculum and Hawaii Early Learning Profile (HELP) protocols are being sent to the child's District Point of Entry (POE) office for data entry. We fully anticipate allowing provider access to KEDS so that providers can enter assessment data directly. However, until that functionality is available, POE staff will be entering data from protocols completed by providers in the field. POE data entry staff are not likely to have had extensive, if any, exposure to assessment protocols. Therefore, it is very important when completing assessment protocols that you use the publisher-recommended format for recording scores so that there is uniformity of scoring.

For example, if the AEPS calls for 0, 1, or 2, than those should be the notations used on the AEPS protocols. Also, use the most recent protocols with each child so that again there is uniformity of forms. And finally, please please please make your scoring as legible as possible. Though these may seem like little things, they will go a long way in assuring the accuracy of our data.

Service Coordination Workgroup

A workgroup looking at implementation of the blended model of service coordination began meeting this week. The group will investigate such issues as:

- Transitioning ISCs and PSCs into the blended role of Service Coordinator
- Number of service coordinators needed to successfully implement this model
- Employment options for service coordinators under the POEs
- The funding necessary to support this system

The following individuals are participating in this workgroup:
Kelly Basham (Kellya.basham@ky.gov) – POE Manager, Lincoln Trail
Cindy Lemons (lemonsaide@bellsouth.net) – Independent PSC, Lincoln Trail
Kristi Lunsford (kllunc00@uky.edu) –Technical Assistant, Bluegrass
Connie Coovert (cccoov2@uky.edu) – Parent Consultant, Bluegrass

Mary Pat O'Hern (o1prs@insightbb.com) – Independent PSC, KIPDA
Jenny Dutton (jhdutton@insightbb.com) – Independent PSC, KIPDA
Cathy Moser (clkar01@louisville.edu) – Program Monitor, KIPDA
Shawna White (swhite@sevencounties.org) – PSC Manager, Seven Counties Services
Victoria Chanda (vchanda@sevencounties.org) – POE Manager, KIPDA
Kay Perry (kperry@wk.net) - Independent PSC, Purchase
Allison Clark (aclark@4rbh.org) – POE Manager, Purchase
Mindy Aims (mames@4rbh.org) – Independent PSC, Purchase
Jan Solomon (jsolomon@vci.net) –Independent PSC, Purchase
Marsha Harbison (m.harbison@comcast.net) – Independent PSC, Purchase
Bonnie Thorson Young (byoung@sevencounties.org) – Facilitator, Seven Counties Services
Kirsten Hammock (Kirsten.hammock@ky.gov) – Part C Coordinator, First Steps Central Office

If you have ideas on making the blended role of Service Coordinator work well for children, families and providers in your region, please contact any member of the workgroup.

First Steps Provider Code of Ethical Conduct

The comment period for the *First Steps Provider Code of Ethical Conduct* ends today. If you hurry, you can still provide comment at the following link: http://www.surveymonkey.com/s.aspx?sm=o8V_2b1zvA7JPcNfwrpuyrEg_3d_3d.

RES – 15

Resource 15 (RES-15) became effective October 1, 2007 following a comment period from July 20, 2007 through September 30, 2007.

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Mark D. Birdwhistell
Secretary

M E M O R A N D U M

TO: First Steps Providers and Stakeholders

FROM: Kirsten Hammock, Part C Coordinator

DATE: October 19, 2007

RE: First Steps Update

Autism

I was asked by the Kentucky Autism Training Center to post the following information in this week's update:

The demands of caring for an individual with autism are great, and families frequently experience high levels of stress. Often, the lack of appropriate services adds to the frustration of families. To increase the awareness of currently available resources, the Kentucky Autism Training Center is gathering information about services to create an Autism Supports and Services Directory.

A draft of the directory is located at: http://louisville.edu/education/kyautismtraining/resources
The goal is create a more dynamic directory that is searchable by:

- County
- Service
- Age range of individuals served

If you would like to share information with families about yourself or your organization, please complete the questionnaire located at http://louisville.edu/education/kyautismtraining/resources/directoryApp.pdf and return to the Kentucky Autism Training Center. The directory will be made available to families and be posted on the Kentucky Autism Training Center's website.

Please feel free to share this information with families and professionals interested in enhancing services for individuals with autism spectrum disorders.

Service Coordination Workgroup

Over the last two weeks I've discussed the workgroup that has been convened to look at the implementation of the blended model of service coordination. The group is investigating such issues as:

- Transitioning ISCs and PSCs into the blended role of Service Coordinator,
- Number of service coordinators needed to successfully implement this model,
- Employment options for service coordinators under the POEs, and
- The funding necessary to support this system.

Last week I requested that PSCs complete a survey to assist this group in their work. To date, we've received 69 responses to the survey. We will continue to accept responses through next Tuesday (10/23/07) – so if you have not completed the survey yet and you would like your information to be included, please visit the following link and complete the Primary Service Coordinator survey: http://www.surveymonkey.com/s.aspx?sm=EmU23hApsiQtzJGcQltViQ_3d_3d .

New: Based on our initial analysis, it appears that we were not clear with one question in the survey and the workgroup is seeking additional feedback. If you've completed the survey already, please take a moment to visit the link below and answer the additional question(s). If you haven't already completed the survey, please feel free to do so before Tuesday the 23rd and then visit the second link below to complete the additional question(s). Thank you!

New survey link: http://www.surveymonkey.com/s.aspx?sm=AA6APqD83eAzaFkV13rVeA_3d_3d

First Steps Provider Code of Ethical Conduct

The comment period for the First Steps Provider Code of Ethical Conduct closed on October 5, 2007. Central Office received 17 comments. We are currently reviewing those comments and making determinations regarding potential changes. We will provide a summary report to the ICC at its November 8th meeting and post the final document shortly after that.

ERNIE FLETCHER
GOVERNOR

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Mark D. Birdwhistell
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M E M O R A N D U M

TO: First Steps Providers and Stakeholders
FROM: Kirsten Hammock, Part C Coordinator
DATE: October 26, 2007
RE: First Steps Update

Baby KEDS Training Q & A

Over the last few weeks Central Office has coordinated a series of Baby KEDS trainings via videoconference. Baby KEDS is the First Steps version of the Kentucky Early Childhood Data System. The First Steps program will be using Baby KEDS to collect and analyze child assessment data. Training participants raised some questions that we thought might be held by others.

Q1. When am I supposed to start entering data into Baby KEDS?

A1. Points of Entry (POEs) will have access to Baby KEDS on October 15, 2007. As long as an account has been set up, POEs may begin entering AEPS, Carolina Curriculum and/or HELP protocols completed on or after July 1, 2007 at that time.

Q2. Who's completing what right now and what's being entered into Baby KEDS by whom?

A2. With all of the chatter about these assessments, it is understandable why there is such confusion. I'll try and summarize where we are right this minute:

- As of August 1, 2007, every child determined eligible by established risk needs to have an initial assessment in all five (5) areas of development done by a primary level evaluator in lieu of a primary level evaluation using a cabinet-approved criterion referenced instrument (AEPS, Carolina Curriculum or HELP).

- The First Steps program will be collecting baseline data for Child Outcome reporting through the cabinet-approved criterion referenced assessment instruments. As such, the program must ensure that all eligible children receive one of these assessments at entry, annually and at exit. The policy above covers children with Established Risk conditions. Central Office is currently working to draft policies that will cover children without Established Risk conditions. Proposed policies were released in July, but were pulled for revision in September. Central Office anticipates the release of revised proposed policies in the next couple of weeks.

- As of October 15, 2007, Point of Entry (POE) staff should have accounts set up in Baby KEDS and may begin entering AEPS, Carolina Curriculum and/or HELP protocols completed on or after July 1, 2007 that they have been collecting. POE staff have also received instruction on the method by which to assign one of the child's First Steps providers (i.e. PLE, Primary Service Provider) access to Baby KEDS so that they may, if they so desire, enter their protocol data directly into Baby KEDS.

Q3. How do individual therapists get access to KEDS?

A3. Authorized POE staff may assign one of the child's First Steps providers (i.e. PLE, Primary Service Provider) access to Baby KEDS so that they may, if they so desire, enter their protocol data directly into Baby KEDS. Authorized POE staff are also responsible for terminating such access when it is no longer required.

Q4. Can the POE data entry staff and a PLE or ongoing provider have access to Baby KEDS at the same time?

A4. Yes. The POE is assigned an Administrator account. This account has ongoing access to all children in the District. The POE may assign access to one and only one provider through what is called a "secondary" account. The provider identified on the "secondary" account will have access to only those children assigned to them by the POE. The POE and the provider on the "secondary" account have simultaneous access to the designated child's account(s).

Q5. How long do we have to enter data?

A5. Six (6) weeks from the date of the IFSP.

Q6. What if I have questions about my account or the data I need to enter?

A6. Contact Patti Naber at panabe2@email.uky.edu .

Staph – Don't Take It Home With You

We're probably all aware of the cases of antibiotic-resistent Staphylococcus aureus infections that have been identified in schools in areas of the Commonwealth recently. Central Office received an inquiry this week from the field regarding services to a child and parent diagnosed with Methicillin-resistant Staphylococcus aureus (MRSA). In light of these events, we wanted to provide some information regarding MRSA in particular as well as some standard infection control precautions. We have prepared and posted an informational training. Anyone with a TRAIN account can access the training on TRAIN under course number 1010495. In addition, the following is a helpful Q & A provided by the Centers for Disease Control:

What is *Staphylococcus aureus* (staph)?

Staphylococcus aureus, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people. Approximately 25% to 30% of the population is colonized (when bacteria are present, but not causing an infection) in the nose with staph bacteria. Sometimes, staph can cause an infection. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics (also known as antimicrobials or antibacterials). However, staph bacteria also can cause serious infections (such as surgical wound infections, bloodstream infections, and pneumonia).

What is MRSA (methicillin-resistant *Staphylococcus aureus*)?

Some staph bacteria are resistant to antibiotics. MRSA is a type of staph that is resistant to antibiotics called beta-lactams. Beta-lactam antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. While 25% to 30% of the population is colonized with staph, approximately 1% is colonized with MRSA.

Who gets staph or MRSA infections?

Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. These healthcare-

associated staph infections include surgical wound infections, urinary tract infections, bloodstream infections, and pneumonia.

What is community-associated MRSA (CA-MRSA)?

Staph and MRSA can also cause illness in persons outside of hospitals and healthcare facilities. MRSA infections that are acquired by persons who **have not** been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are know as CA-MRSA infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people.

How common are staph and MRSA infections?

Staph bacteria are one of the most common causes of skin infection in the United States and are a common cause of pneumonia, surgical wound infections, and bloodstream infections. The majority of MRSA infections occur among patients in hospitals or other healthcare settings; however, it is becoming more common in the community setting. Data from a prospective study in 2003, suggests that 12% of clinical MRSA infections are community-associated, but this varies by geographic region and population.

What does a staph or MRSA infection look like?

Staph bacteria, including MRSA, can cause skin infections that may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage. More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

Are certain people at increased risk for community-associated staph or MRSA infections?

CDC has investigated clusters of CA-MRSA skin infections among athletes, military recruits, children, Pacific Islanders, Alaskan Natives, Native Americans, men who have sex with men, and prisoners. Factors that have been associated with the spread of MRSA skin infections include: close skin-to-skin contact, openings in the skin such as cuts or abrasions, contaminated items and surfaces, crowded living conditions, and poor hygiene.

How can I prevent staph or MRSA skin infections?

Practice good hygiene:

1. Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
2. Keep cuts and scrapes clean and covered with a bandage until healed.
3. Avoid contact with other people’s wounds or bandages.
4. Avoid sharing personal items such as towels or razors.

Can I get a staph or MRSA infection at my health club?

In the outbreaks of MRSA, the environment has not played a significant role in the transmission of MRSA. MRSA is transmitted most frequently by direct skin-to-skin contact. You can protect yourself from infections by practicing good hygiene (e.g., keeping your hands clean by washing with soap and water or using an alcohol-based hand rub and showering after working out); covering any open skin area such as abrasions or cuts with a clean dry bandage; avoiding sharing personal items such as towels or razors; using a barrier (e.g., clothing or a towel) between your skin and shared equipment; and wiping surfaces of equipment before and after use.

What should I do if I think I have a staph or MRSA infection?

See your healthcare provider.

Are staph and MRSA infections treatable?

Yes. Most staph and MRSA infections are treatable with antibiotics. If you are given an antibiotic, take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

However, many staph skin infections may be treated by draining the abscess or boil and may not require antibiotics. Drainage of skin boils or abscesses should only be done by a healthcare provider.

If after visiting your healthcare provider the infection is not getting better after a few days, contact them again. If other people you know or live with get the same infection tell them to go to their healthcare provider.

Is it possible that my staph or MRSA skin infection will come back after it is cured?

Yes. It is possible to have a staph or MRSA skin infection come back (recur) after it is cured. To prevent this from happening, follow your healthcare provider's directions while you have the infection, and follow the prevention steps after the infection is gone.

If I have a staph, or MRSA skin infection, what can I do to prevent others from getting infected?

You can prevent spreading staph or MRSA skin infections to others by following these steps:

1. **Cover your wound.** Keep wounds that are draining or have pus covered with clean, dry bandages. Follow your healthcare provider's instructions on proper care of the wound. Pus from infected wounds can contain staph and MRSA, so keeping the infection covered will help prevent the spread to others. Bandages or tape can be discarded with the regular trash.
2. **Clean your hands.** You, your family, and others in close contact should wash their hands frequently with soap and warm water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.
3. **Do not share personal items.** Avoid sharing personal items such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Wash sheets, towels, and clothes that become soiled with water and laundry detergent. Drying clothes in a hot dryer, rather than air-drying, also helps kill bacteria in clothes.
4. **Talk to your doctor.** Tell any healthcare providers who treat you that you have or had a staph or MRSA skin infection.

What should I do if someone I know has a staph or MRSA infection?

If you know someone that has a staph or MRSA infection you should follow the prevention steps (outlined above).

Here are some additional resources regarding MRSA:
MRSA Data and Statistics: http://www.cdc.gov/ncidod/dhqp/ar_mrsa_surveillanceFS.html

MRSA in the Community
Overview of MRSA in the Community: http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html
Information for the Public: http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html
Information for Healthcare Providers: http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_clinicians.html
Clinical Management Strategies: http://www.cdc.gov/ncidod/dhqp/pdf/ar/CAMRSA_ExpMtgStrategies.pdf
Educational Materials (Posters and Information Sheet):
http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_posters.html
MRSA in Schools: http://www.cdc.gov/Features/MRSAinSchools/

Part C Coordinator Report
November 08, 2007

General Update

Child Outcome/Progress Monitoring

Central Office is continuing to work on policies to facilitate the collection of child progress data for federal reporting purposes. The policies being drafted would have the PLE complete the criterion referenced assessment as part of the evaluation. While we would like to move toward a process in which a "Most Likely Primary Services Provider" is identified following the PLE and is responsible for conducting the CR assessment, we do not have the capacity at this time to train 1000 or more providers in the timeframe we have to start collecting entry data. Additionally, while we've been talking about the Consultative Model and the use of a PSP for more than 2 years in Kentucky, feedback indicates that we need to make this transition more slowly.

Central Office is aware that taking on the CR assessment in addition to the standardized norm referenced evaluation involves additional time in the home as well as additional time interpreting the assessment and including that information in the report. So, we are looking at ways to provide additional funding for this work. One option is to allow for a set number of units to be billed in addition to the PLE that would support this activity.

Service Coordination Workgroup

A workgroup looking at implementation of the blended model of service coordination began meeting the week of October 5th. While the decision to merge initial and primary service coordination under one administrative entity has not been made final, for the purposes of their work, this group is assuming that this decision has been made. The group is investigating such issues as:

- Transitioning ISCs and PSCs into the blended role of Service Coordinator
- Number of service coordinators needed to successfully implement this model
- Employment options for service coordinators under the POEs
- The funding necessary to support this system

The following individuals are participating in this workgroup:
Kelly Basham, POE Manager, Lincoln Trail
Cindy Lemons, Independent PSC, Lincoln Trail
Kristi Lunsford, Technical Assistant, Bluegrass
Connie Coovert, Parent Consultant, Bluegrass
Mary Pat O'Hern, Independent PSC, KIPDA
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Cathy Moser, Program Monitor, KIPDA
Shawna White, PSC Manager, Seven Counties Services
Victoria Chanda, POE Manager, KIPDA
Kay Perry, Independent PSC, Purchase
Allison Clark, POE Manager, Purchase
Mindy Aims, Independent PSC, Purchase
Jan Solomon, Independent PSC, Purchase
Marsha Harbison, Independent PSC, Purchase
Bonnie Thorson Young, Facilitator, Seven Counties Services
Kirsten Hammock, Part C Coordinator, First Steps Central Office

State Performance Plan/Annual Performance Report

CBIS has been working diligently to compile FY07 data for the Annual Performance Report (APR). While analysis of the data is not complete, some

Indicator 1 – Timely Service Provision

The percent of children who received all services within 21 days increased from 79% to 80%. This remains significantly below the target of 100% set by the Office of Special Education Programs (OSEP).

Indicator 2 – Natural Environments

The percent of children who received the majority of their services in the home or another community setting increased from 98.7% to 99.3%. This exceeds all state targets set through 2010.

Indicator 3 – Child Outcomes

In February, 2008 states are required to report progress and improvement activities, but not baseline or targets.

Indicators 5 and 6 – Child Find

The Birth to 1 participation rate increased from .49% to .60% and Birth to 3 participation rate increased from 2.17% to 2.26%. The rates exceed the state target for Birth to 1 participation (.56%), but fall short of the state target for Birth to 3 participation (2.40%).

Indicator 7 – 45 Day Timeline

85% of IFSPs were completed within 45 days. Of that 85%, 16% were delayed for family reasons – which OSEP permits states to exclude from compliance reporting. The remaining 15% were delayed for other system reasons. This is an increase from last year's compliance rate of 61%. However, this remains below the target of 100% set by OSEP.

District Determination Responses

District Determination Responses
Determinations regarding each District's ability to effectively implement the requirements of Part C of the IDEA were issued at the end of June. On June 29th, Central Office notified stakeholders of the following: *Generally, a District would be considered to "meet requirements" if it demonstrated substantial compliance (generally 95% or better) with Indicator 7 and either Indicator 1 or 8 and no other significant compliance issues were identified. Generally a District would be considered to "need intervention" if it failed to demonstrate substantial compliance with Indicator 7 and Indicator 1 or 8 and it failed to demonstrate progress significant enough to bring it to a level near substantial compliance (generally 85% or better) with Indicator 7. Districts that did not meet requirements and were not in need of intervention were in need of assistance, barring any other significant compliance issues.*

District Points of Entry were required to coordinate a response to the local Determination by October 1, 2007. Central Office has received and as of November 02, 2007 responded to the

District Responses. Generally Districts appear to be aware of their performance and the challenges, if any, they are experiencing in attaining or maintaining compliance. District responses included improvement activities designed to address these compliance issues.

Part B regulations require States to apply enforcement actions after an LEA is determined to "Need Assistance" for two consecutive years, "Need Intervention" for three or more consecutive years or immediately when an LEA is determined to be in "Need of Substantial Intervention". It is anticipated that Part C regulations will contain a similar requirement. Enforcement actions include, but are not limited to, technical assistance, development and implementation of a corrective action plan, identification as a "high risk grantee", imposing conditions on the use of funds, and/or withholding payments to programs.

It is important for Districts to be aware of this requirement. The determination issued in June, 2008 will be the second determination. The Cabinet must apply enforcement actions to Districts that were determined to "need assistance" in June, 2007 and continue to "need assistance" in June, 2008. In addition, the Cabinet will apply enforcement actions to Districts that were determined to "need assistance" in June, 2007 and are determined to "need intervention" in June, 2008.

First Steps Provider Code of Ethical Conduct

I originally discussed the *First Steps Provider Code of Ethical Conduct* with stakeholders in the September 21, 2007 Update. The *First Steps Provider Code of Ethical Conduct* is designed to assist First Steps Providers in evaluating their current practice, assessing and resolving potential ethical dilemmas, and ensuring a commitment to family-centered, inclusive and culturally competent care.

The *Code* was posted to the First Steps website for public notice and comment on Monday, September 24, 2007 and was open for comment through October 5, 2007. 16 comments were received. Six (6) comments expressed support of and/or appreciation for the *Code*, two (2) comments were unrelated to the *Code*, and the remaining 8 comments offered concern(s) and provided suggested changes to the language and/or content of the *Code*.

Here is a summary of changes made to the *Code* in response to the comments received:

- In 2.7 we changed "First Steps Providers shall contact the family to notify them of the estimated arrival time" to "First Steps Providers shall <u>attempt to</u> contact the family to notify them of the estimated arrival time".
- In 2.8 we deleted the word "significant".
- In 2.11 we changed the "Note" to include practicing therapists who are gaining practical experience and are being supervised by the First Steps Provider.
- 2.12 regarding the provider's role when family members are in conflict with one another was deleted.
- 3.4 regarding conflict resolution among providers was deleted and replaced with, "First Steps providers shall recognize the contributions of colleagues to our program and not participate in practices that diminish their reputations or impair their effectiveness in working with children and families."
- 3.6 was changed from "First Steps Providers shall provide services that are based on scientifically based, peer-reviewed research, to the extent practicable" to "First Steps Providers shall <u>ensure that Individualized Family Service Plans identify appropriate</u> services based on scientifically based, peer-reviewed research, to the extent practicable".

- 4 commenters expressed concern with 2.5, which states, “First Steps Providers shall ensure that a parent and/or primary caregiver is present and collaboratively involved in every service session.” Central Office did not change the language in 2.5 as we believe parent/caregiver involvement in intervention sessions is a fundamental component of service provision in the First Steps program.

Central Office is requesting comment from the ICC at this time. Following ICC review/comment, the *Code* will be finalized and posted.

Child Find

IDEA 2004 required states to target Child Find efforts to three new subpopulations: 1) parents with premature infants, 2) parents with infants with other physical risk factors associated with learning or developmental complications, and 3) homeless children. The FFY federal Part C grant application requires Kentucky to provide Child Find policies and procedures related to these new subpopulations. Central Office is seeking the assistance of the Council in the development of these policies and procedures.

Comprehensive System of Personnel Development (CSPD)

A small cohort of the CSPD workgroup convened a planning meeting on September 25, 2007. The group reviewed the draft CSPD. The group agreed that work should proceed to update and implement the CSPD and a second meeting has been set for November 27, 2007 in Elizabethtown.

Regional Needs Assessment

Central Office has prepared a Regional Needs Assessment that is designed to gauge provider’s levels of comfort with their understanding of (and ability to implement) various practices as well as their satisfaction with various components of the First Steps program. We will use this information to assist us in developing training and technical assistance plans for the remainder of FY08 and FY09. We would love your input. Please take a moment to complete the Regional Needs Assessment at the following link:
http://www.surveymonkey.com/s.aspx?sm=9j1ePMBOH78yNwPmrXkJYg_3d_3d
This survey will be available through **November 16, 2007**.

Financial Update

Staff Update

Jennifer O’Brien, M.Ed., was hired as the Branch Manager for Early Childhood Development. Jennifer was previously working as a CDC Advisor for the Immunization Program. She has a background in Early Childhood Education and has field experience working with infants and toddlers and their families.

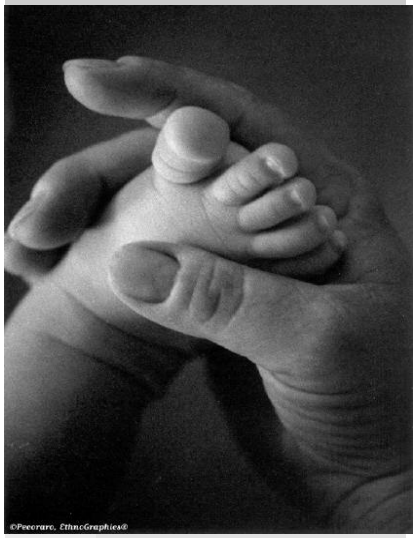
Central Office received approval to fill the QA Administrator position. Interviews have been completed and a candidate recommendation has been sent forth. A December 1, 2007 start date is anticipated.

Record Review – Reconsideration Requests

Since September 13, 2007 we have received 7 Reconsideration Requests. Those requests have taken, on average, 8 days to complete – compared to 12.5 last report. Policy requires Central Office to complete these requests within 5 days. It is anticipated that once fully staffed, Reconsideration Request reviews will return to a reasonable turn around time.

New Look for the KY Part C Weekly Update

November 9, 2007



COMMONWEALTH OF KENTUCKY

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

CBIS Billing/Payment Information

This is a reminder that the next cut-off date falls on a Monday because of the Thanksgiving holiday. That means that cut-off will be Nov. 12. Mail must be received by close of business on that date, faxes by 3:00 pm, and e-billing files must be uploaded to our site by midnight. And as always, if you are faxing or e-billing, don't wait until the last minute! Because of our tight schedule, there will be no exceptions to the cut-off date.

Because of the early cut-off date, the billing cycle will fall on a Monday as well, Nov. 19. However, due to holidays in the state offices, that may not necessarily mean that checks arrive early. Our goal is to get them out before the holiday (thus the early cut-off) and we will do our best. But you may not actually receive them until after the holiday. There are things that are out of our control (treasury's schedule, no mail on Thanksgiving day, etc.) Please be patient with us. I hope everyone has a wonderful holiday.

First Steps Provider Code of Ethical Conduct

The full Interagency Coordinating Council (ICC) reviewed the First Steps Provider Code of Ethical Conduct at its bimonthly meeting yesterday. The ICC recommended that Central Office implement the Code as presented (which included the changes described in last week's Update). The Code will be posted to the First Steps website as soon as possible and will become effective July 1, 2008. Program Evaluators will refer to the First Steps Provider Code of Ethical Conduct when investigating complaints regarding unethical or inappropriate behavior. The Cabinet for Health and Family Services may terminate any provider agreement immediately should egregious and/or persistent Code violations be found. For this reason, it is important that all First Steps providers review the Code and ensure that their current practice is reflective of the ethical standards outlined therein.

Kentucky UNBRIDLED SPIRIT

New Look for the KY Part C Weekly Update

Upcoming AEPS Training

November 16, 2007 Louisville

Train course ID: 1010311

November 30, 2007 Hopkinsville

Train course ID: 1010313

December 7 2007 Prestonsburg

TRAIN Course ID: 1010314

Regional Needs Assessment

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Click below:

http://www.surveymonkey.com/s.aspx?sm=9j1ePMBOH78yNwPmrXkJYg 3d 3d

This survey will be available through **November 16, 2007.**